PATENT APPLICATION. EE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/534728

I													
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
U.S. NATIONAL STAGE FEES			(Column 1)		(Column 2)		7	RATE	FEE]	RATE	FEE	
-	IC FEE		SMALL ENT. = \$ 150		LARG	SE ENT. = \$ 300	┨	BASIC FEE		OR	BASIC FEE	/h/}	
!	MINATION FE		Satisfies PCT Article 33(1)-				1	EXAM FEE			EXAM. FEE	41/1	
	RCH FEE		(4) = \$50/\$100 U.S. is ISA = \$50/\$100 ALL other countries =			100 / \$ 200 her situations =	1	SEARCH FEE	<u>·</u> _		SEARCH FEE	XX	
L			\$ 200 / \$ 400		s	250 / \$ 500	-				<u> </u>	400	
FEE	FOR EXTRA S	PEC. PGS.	minus 100 =			/ 50 =		X \$ 125 =			X \$ 250 =		
тот	AL CHARGEAE	BLE CLAIMS	1 5 mir	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =		
INDE	PENDENT CL	AIMS	/ m	inus 3 =	*			X \$ 100 =		OR	X \$ 200 =		
MUL	TIPLE DEPEN	DENT CLAIM PRE	ESENT					+ \$ 180 =		OR	+ \$ 360 =		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								OMALL 5		OD	OTHER		
(Column 1) (Column 2) (Column 3)								SMALLE	NIIIY	OR	SMALL E	NIIIY	
AMENDMENT A	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	. ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***		=].	X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT.		
		•							-			8	
		(Column 1)	(Column 2) (Column 3)				•					7.2	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDME	Total	*	Minus	**	·	=		X \$ 25 =		OR	X \$ 50 =		
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180,=	5.	OR	+ \$ 360 =		
								TOTAL ADDIT.		OR	TOTAL ADDIT. FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".													
	rine Highest Nun	nber Previously Paid	For (Total or Inde	ependent) i	s the high	nest number found	ın th	e appropnate box	in column 1.			I	

FORM PTO-875 (Rev. 02/2005)

NO REFUND OF MULTI CHAIM FEE DIW